

# Nevada Petroleum Reimbursement Fund BID SUMMARY

Site Name: \_\_\_\_\_ Petroleum Fund Case ID#: \_\_\_\_\_ -  
 Claim Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ UST Federal Facility ID#: \_\_\_\_\_ -

		BIDS		
ITEM	DESCRIPTION OF WORK ACTIVITY	#1	#2	#3
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	\$

NOTE: Bids must be reported in like units.

_____ NAME OF BIDDER #1	_____ NAME OF BIDDER #2	_____ NAME OF BIDDER #3
_____ City                  State	_____ City                  State	_____ City                  State
_____ Name of Person Who Provided Bid	_____ Name of Person Who Provided Bid	_____ Name of Person Who Provided Bid
(       ) _____ Telephone Number	(       ) _____ Telephone Number	(       ) _____ Telephone Number
_____ Date Bid Obtained	_____ Date Bid Obtained	_____ Date Bid Obtained

Justification for selection of other than the low bidder: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BIDS RECEIVED BY: \_\_\_\_\_ COMPANY: \_\_\_\_\_

**ATTACH COPIES OF SIGNED BIDS**  
(required)